

Exhibit B

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	<input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report </div> <div> <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description) </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1971</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>						
1c Effective date of plan <u>10/01/1971</u>							
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WHATABRANDS LLC</u> <u>300 CONCORD PLAZA DRIVE</u> <u>SAN ANTONIO, TX 78216</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>74-1693771</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>210-476-6000</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>722513</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-1693771</u>		2c Plan Sponsor's telephone number <u>210-476-6000</u>		2d Business code (see instructions) <u>722513</u>	
2b Employer Identification Number (EIN) <u>74-1693771</u>							
2c Plan Sponsor's telephone number <u>210-476-6000</u>							
2d Business code (see instructions) <u>722513</u>							

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2019	ED NELSON, ON BEHALF OF PLAN ADMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN ADMIN COMMITTEE 300 CONCORD PLAZA DRIVE SAN ANTONIO, TX 78216		3b Administrator's EIN 74-1693771
		3c Administrator's telephone number 210-476-6000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 31129
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 27240
a(2) Total number of active participants at the end of the plan year		6a(2) 27996
b Retired or separated participants receiving benefits.....		6b 2
c Other retired or separated participants entitled to future benefits		6c 4254
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 32252
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 57
f Total. Add lines 6d and 6e		6f 32309
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 16765
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 4858
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2J 2K 2T 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Whataburger Profit Sharing and 401(k) Savings Plan**EIN 74-1693771 PN 001****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****December 31, 2018**

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Investment type	Number of units	Current value
Wells Fargo Stable Value FD CL C	Common/collective Trust	291,843.678	\$ 15,677,842
Dodge & Cox Stock Fund	Mutual Fund	133,848.104	23,130,291
JPMorgan TR II Core Bond FD CL A	Mutual Fund	2,824,029.044	31,855,048
Mainstay Large-Cap Growth R1	Mutual Fund	2,521,346.361	20,599,400
MFS Set TR XINTL Value R3	Mutual Fund	382,821.941	14,283,087
Oppenheimer Developing Markets	Mutual Fund	225,528.237	8,477,606
Artisan International Fund Investments	Mutual Fund	450,724.491	12,232,663
Vanguard Selected Value Investments	Mutual Fund	710,286.934	15,967,250
Vanguard 500 Index FD Admiral Shares	Mutual Fund	100,927.451	23,358,649
Janus Henderson Triton FD CL T	Mutual Fund	541,901.591	13,617,987
* Notes receivable from participants			
Interest ranging from 4.25% - 9.25% with various maturity dates	Notes Receivable		16,798,127
			<u>\$ 195,997,950</u>

* denotes party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	<input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report </div> <div> <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description) </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>10/01/1971</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WHATABURGER RESTAURANTS LLC</u> <u>300 CONCORD PLAZA DRIVE</u> <u>SAN ANTONIO, TX 78216</u>	2b	Employer Identification Number (EIN) <u>30-1199687</u>
		2c	Plan Sponsor's telephone number <u>210-476-6000</u>
		2d	Business code (see instructions) <u>722513</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2020	JANELLE SYKES, OBO PLAN ADMIN.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN ADMIN COMMITTEE 300 CONCORD PLAZA DRIVE SAN ANTONIO, TX 78216	3b Administrator's EIN 30-1199687 3c Administrator's telephone number 210-476-6000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name WHATABRANDS LLC c Plan Name WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN	4b EIN 74-1693771 4d PN 001
5 Total number of participants at the beginning of the plan year	5 32309
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 27996 6a(2) 29715 6b 5 6c 2542 6d 32262 6e 53 6f 32315 6g 15186 6h 4662
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2J 2K 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Whataburger Profit Sharing and 401(k) Savings Plan**EIN 30-1199687 PN 001****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****December 31, 2019**

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Investment type	Number of units/shares	Current value
Wells Fargo Stable Value FD CL C	Common/Collective Trust	330,018.062	\$ 18,127,892
Dodge & Cox Stock Fund	Mutual Fund	155,625.409	30,153,979
JPMorgan TR II Core Bond FD CL A	Mutual Fund	3,098,176.537	36,651,429
Mainstay Large-Cap Growth R1	Mutual Fund	2,712,729.715	26,584,751
MFS Set TR XINTL Value R3	Mutual Fund	384,970.178	17,339,057
Oppenheimer Developing Markets	Mutual Fund	234,008.079	10,670,769
Artisan International Fund Investments	Mutual Fund	489,602.680	16,284,185
Vanguard Selected Value Investments	Mutual Fund	784,330.765	21,247,520
Vanguard 500 Index FD Admiral Shares	Mutual Fund	105,496.660	31,452,774
Janus Henderson Triton FD CL T	Mutual Fund	576,036.434	17,799,526
* Notes receivable from participants Interest ranging from 4.25% - 9.25% with various maturity dates	Notes Receivable		17,310,400
			<u>\$ 243,622,282</u>

* Denotes party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>10/01/1971</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WHATABURGER RESTAURANTS LLC</u> <u>300 CONCORD PLAZA DRIVE</u> <u>SAN ANTONIO, TX 78216</u>
2b	Employer Identification Number (EIN) <u>30-1199687</u>
2c	Plan Sponsor's telephone number <u>210-476-6000</u>
2d	Business code (see instructions) <u>722513</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2022	JANELLE SYKES, OBO PLAN ADMIN.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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v. 210624

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3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WHATABURGER PROFIT SHARING AND 401(K) ADMIN. COMMITTEE 300 CONCORD PLAZA DRIVE SAN ANTONIO, TX 78216		3b Administrator's EIN 30-1199687
		3c Administrator's telephone number 210-476-6000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 37919
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 35183
a(2) Total number of active participants at the end of the plan year		6a(2) 36855
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 1
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 36856
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 70
f Total. Add lines 6d and 6e		6f 36926
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 11715
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 752
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2J 2K 2T 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Whataburger Profit Sharing and 401(k) Savings Plan**EIN 30-1199687 PN 001****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****December 31, 2021**

Identity of Issuer	Description of Investment	Number of Units/Shares	Current Value
Wells Fargo Stable Value FD CL C	Common/Collective Trust	400,741.996	\$ 22,866,338
Dodge & Cox Stock Fund	Mutual Fund	144,010.949	35,320,125
JPMorgan TR II Core Bond FD CL A	Mutual Fund	2,306,405.767	27,261,717
Mainstay Large-Cap Growth R1	Mutual Fund	2,363,818.041	30,256,871
MFS Set TR XINTL Value R3	Mutual Fund	423,997.743	22,259,882
Oppenheimer Developing Markets	Mutual Fund	233,605.468	10,984,129
* Fidelity Extended Market Index Fund	Mutual Fund	132,204.895	11,529,589
* Fidelity Global Ex US Index	Mutual Fund	1,019,470.590	15,587,705
* Fidelity US Bond Index Fund	Mutual Fund	1,417,434.718	16,980,868
Vanguard Selected Value Investments	Mutual Fund	577,526.278	17,701,180
Vanguard 500 Index FD Admiral Shares	Mutual Fund	80,004.793	35,188,508
Janus Henderson Triton FD CL T	Mutual Fund	414,928.239	13,875,200
* Notes Receivable from Participants Interest Ranging from 4.25%–9.25% with Various Maturity Dates	Notes Receivable		14,552,304
			<u>\$ 274,364,416</u>

* Party-in-Interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1971</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1971</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WHATABURGER RESTAURANTS LLC</u> <u>300 CONCORD PLAZA DRIVE</u> <u>SAN ANTONIO, TX 78216</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>30-1199687</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>210-476-6000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>722513</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>30-1199687</u>	2c Plan Sponsor's telephone number <u>210-476-6000</u>	2d Business code (see instructions) <u>722513</u>	
2b Employer Identification Number (EIN) <u>30-1199687</u>					
2c Plan Sponsor's telephone number <u>210-476-6000</u>					
2d Business code (see instructions) <u>722513</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2021	JANELLE SYKES, OBO PLAN ADMIN.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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Page **2**

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN ADMIN COMMITTEE 300 CONCORD PLAZA DRIVE SAN ANTONIO, TX 78216		3b Administrator's EIN 30-1199687
		3c Administrator's telephone number 210-476-6000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 32315
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 29715
a(2) Total number of active participants at the end of the plan year		6a(2) 35183
b Retired or separated participants receiving benefits.....		6b 5
c Other retired or separated participants entitled to future benefits		6c 2671
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 37859
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 60
f Total. Add lines 6d and 6e		6f 37919
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 13069
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 1410
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2J 2K 2T 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Whataburger Profit Sharing and 401(k) Savings Plan**EIN 30-1199687 PN 001****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****December 31, 2020**

Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Investment Type	Number of Units/Shares	Current Value
Wells Fargo Stable Value FD CL C	Common/Collective Trust	363,551.899	\$ 20,387,991
Dodge & Cox Stock Fund	Mutual Fund	154,278.649	29,707,897
JPMorgan TR II Core Bond FD CL A	Mutual Fund	3,027,921.671	37,213,156
Mainstay Large-Cap Growth R1	Mutual Fund	2,062,915.739	26,384,692
MFS Set TR XINTL Value R3	Mutual Fund	332,431.042	17,050,388
Oppenheimer Developing Markets	Mutual Fund	200,335.999	10,709,963
Artisan International Fund Investments	Mutual Fund	455,669.942	15,770,737
Vanguard Selected Value Investments	Mutual Fund	820,071.525	21,305,458
Vanguard 500 Index FD Admiral Shares	Mutual Fund	87,750.505	30,411,693
Janus Henderson Triton FD CL T	Mutual Fund	490,146.361	18,650,069
* Notes receivable from participants Interest ranging from 4.25%–9.25% with various maturity dates	Notes Receivable		15,856,751
			<u>\$ 243,448,795</u>

* Denotes party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> a single-employer plan </div> <div> <input type="checkbox"/> a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report </div> <div> <input type="checkbox"/> the final return/report </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> an amended return/report </div> <div> <input type="checkbox"/> a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558 </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> special extension (enter description) </div> </div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>WHATABURGER 401(K) SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>10/01/1971</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WHATABURGER RESTAURANTS LLC</u> <u>300 CONCORD PLAZA DRIVE</u> <u>SAN ANTONIO, TX 78216</u>	2b	Employer Identification Number (EIN) <u>30-1199687</u>
		2c	Plan Sponsor's telephone number <u>210-476-6000</u>
		2d	Business code (see instructions) <u>722513</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	JANELLE M SYKES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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Page 2

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WHATABURGER 401(K) SAVINGS PLAN ADMINISTRATIVE COMMITTEE 300 CONCORD PLAZA DRIVE SAN ANTONIO, TX 78216	3b Administrator's EIN 30-1199687 3c Administrator's telephone number 210-476-6000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name WHATABURGER RESTAURANTS LLC c Plan Name WHATABURGER PROFIT SHARING AND 401(K) SAVINGS PLAN	4b EIN 30-1199687 4d PN 001
5 Total number of participants at the beginning of the plan year	5 36926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 36855 6a(2) 36109 6b 23 6c 2935 6d 39067 6e 53 6f 39120 6g 9796 6h 639
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
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Whataburger 401(k) Savings Plan**EIN 30-1199687 PN 001****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****December 31, 2022**

Identity of Issuer	Description of Investment	Number of Units/Shares	Current Value
GALLIARD STBLE RTN C	Common/Collective Trust	351,691.531	\$ 20,450,866
* FID FRDM BLND 2055 R	Common/Collective Trust	458,490.475	10,921,243
* FID FRDM BLND 2010 R	Common/Collective Trust	35,071.055	635,838
* FID FRDM BLND 2020 R	Common/Collective Trust	374,830.149	7,084,290
* FID FRDM BLND 2035 R	Common/Collective Trust	1,198,598.326	26,632,855
* FID FRDM BLND 2040 R	Common/Collective Trust	762,233.713	17,096,902
* FID FRDM BLND 2045 R	Common/Collective Trust	713,745.037	16,087,813
* FID FRDM BLND 2065 R	Common/Collective Trust	251,735.993	3,038,453
* FID FRDM BLND 2060 R	Common/Collective Trust	379,145.171	6,054,948
* FID FRDM BLND 2005 R	Common/Collective Trust	91,221.302	1,490,556
* FID FRDM BLND 2015 R	Common/Collective Trust	133,362.730	2,511,220
* FID FRDM BLND 2025 R	Common/Collective Trust	1,133,865.447	22,779,357
* FID FRDM BLND 2030 R	Common/Collective Trust	1,460,511.480	30,028,116
* FID FRDM BLND 2050 R	Common/Collective Trust	610,357.534	13,556,041
* FID FRDM BLEND INC R	Common/Collective Trust	3,857.009	57,508
* FID GOVT MMKT	Mutual Fund	112,157.270	112,157
* FID U.S. BOND IDX	Mutual Fund	351,786.590	3,581,187
* FID 500 INDEX	Mutual Fund	60,044.329	7,993,101
* FID GLB EX US IDX	Mutual Fund	131,422.226	1,649,349
* FID EXTD MKT IDX	Mutual Fund	7,567.112	476,879
VANG SELECTED VALUE	Mutual Fund	36,165.094	903,404
INVS DEVELOP MKT Y	Mutual Fund	29,460.192	1,029,928
MS W LARGE CAP GR R1	Mutual Fund	168,339.502	1,309,681
J H TRITON T	Mutual Fund	50,084.893	1,199,533
DODGE & COX STOCK I	Mutual Fund	9,184.135	1,981,110
JPM CORE BOND A	Mutual Fund	55,664.099	562,207
MFS INTL INTR VAL R3	Mutual Fund	30,054.628	1,057,021
* Notes Receivable from Participants	Various Maturity Dates with Interest Rates Ranging from 4.25% – 9.25%		14,363,525
			<u>\$ 214,645,088</u>

* Party-in-interest